

PA-IDC

QUERY CONTROL FORM		RTIS USE ONLY	
Application No.	<u>09/615,564</u>	Prepared by	<u>ML</u>
Examiner-GAU	<u>O'Shea - 2875</u>	Date	<u>4-26-04</u>
		No. of queries	<u>1</u>
		Tracking Number	<u>05925470</u>
		Week Date	<u>3-29-04</u>
		PE-Pam	<u>IFW</u>

JACKET

- | | | | |
|----------------------|------------------------|--------------------|----------------|
| a. Serial No. | f. Foreign Priority | k. Print Claim(s) | p. PTO-1449 |
| b. Applicant(s) | g. Disclaimer | l. Print Fig. | q. PTOL-85b |
| c. Continuing Data | h. Microfiche Appendix | m. Searched Column | r. Abstract |
| d. PCT | i. Title | n. PTO-270/328 | s. Sheets/Figs |
| e. Domestic Priority | j. Claims Allowed | o. PTO-892 | t. Other |

SPECIFICATION

- a. Page Missing
- b. Text Continuity
- c. Holes through Data
- d. Other Missing Text
- e. Illegible Text
- f. Duplicate Text
- g. Brief Description
- h. Sequence Listing
- i. Appendix
- j. Amendments
- k. Other

MESSAGE Claim numbers 2,3,4,7,8 (now claim numbers 1,2,3,5,+6 respectively) are dependent on a higher numbered claim ~~number~~ 30 (now 26).

Please advise /correct claim dependency.

CLAIMS

- a. Claim(s) Missing
- b. Improper Dependency
- c. Duplicate Numbers
- d. Incorrect Numbering
- e. Index Disagrees
- f. Punctuation
- g. Amendments
- h. Bracketing
- i. Missing Text
- j. Duplicate Text
- k. Other

Thank you

initials ML

RESPONSE

Corrected
-dsf

initials



Examiner

Anabel M Ton

Art Unit

2875

ISSUE CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
362	33	362	23	28	85	109	31	
INTERNATIONAL CLASSIFICATION								
P2	IV	33/00						
ANABEL TON 2/9/04		Sandra O'Shea Supervisory Patent Examiner Technology Center 2800					Total Claims Allowed <i>2875</i> 5/1/04	
(Assistant Examiner) (Date)		(Primary Examiner) (Date) 2/9/04					O.G. Print Claim(s) <i>1</i>	
Christine Moore 2/9/04 (Legal Instruments Examiner) (Date)							O.G. Print Fig <i>5</i>	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
21	1	31		121		151	
22	2	32		122		152	
23	3	33		123		153	
24	4	34		124		154	
25	5	35		125		155	
26	6	36		126		156	
27	7	37		127		157	
28	8	38		128		158	
29	9	39		129		159	
30	10	40	70	130	100	160	190
31	11	41	71	131	101	161	191
32	12	42	72	132	102	162	192
33	13	43	73	133	103	163	193
34	14	44	74	134	104	164	194
35	15	45	75	135	105	165	195
36	16	46	76	136	106	166	196
37	17	47	77	137	107	167	197
38	18	48	78	138	108	168	198
39	19	49	79	139	109	169	199
40	20	50	80	140	110	170	200
41	21	51	81	141	111	171	201
42	22	52	82	142	112	172	202
43	23	53	83	143	113	173	203
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45	25	55	85	145	115	175	205
46	26	56	86	146	116	176	206
47	27	57	87	147	117	177	207
48	28	58	88	148	118	178	208
49	29	59	89	149	119	179	209
50	30	60	90	150	120	180	210